Here's 🤏 our Health filling the prescription for

With the help of the U.S. Army Corps of Ingineers, the Europe Regional Medical Command is filling the prescription for quality

Construction on phase one of a threephase project for the Wiesbaden Health and Dental Clinic began July 2002 with the addition of a threestory structure situated just behind the existing clinic on Wiesbaden Army Airfield. The \$5.4 million addition and alteration project, primarily funded by MILCON dollars, increases the health clinic's patient treatment spaces from 19 to 36 office and examination rooms, correcting a shortage of treatment areas affording privacy for patients.

Plans were already under way when the closure of Bad Kreuznach and the re-stationing of the 1st Armored Division headquarters to WAAF two years ago prompted U.S. Army Europe to provide \$650,000 in Operations and Maintenance Army re-stationing monies. The funds provide for the improvement of space necessary to accommodate the 1,500 patients added to the 11,000 eligible beneficiaries.

The Corps is managing the project through the indirect process under the international agreement known as ABG75 using the Staatsbauamt Wiesbaden, which has contracted design firm Gehrmann Consult GmbH of Wiesbaden and construction firm Peter Gross GmbH, said Europe District Project Engineer Shaleigh Daniel. Engineers representing the customer, Health Facility Planning Agency, and Europe Regional Medical Command, are also closely involved in the management of the project.

"They're very involved because there has to be so much specialized equipment and specialized requirements

that go in," Daniel said. "So it's good that they're looking out for that."

Raymond Flock, the U.S. Army HFPA's Europe Construction Program Manager, said there are many unique requirements for medical treatment facility projects - from materials, such as using stainless steel water pipes, to keeping detailed construction records for the medical facility's accreditation.

Daniel said the Wiesbaden Project Office has tapped into the Kaiserslautern Area Office for people with medical facilities construction experience and specialties in mechanical systems, and the District for electrical.

The customer meets on site weekly with the Corps to track progress, Daniel said. "The customer has been very active. We're getting constant feedback, ... they'll definitely get a product that they like at the end," she said.

Daniel explained that the engineers representing HFPA and ERMC also provide the direct interface with the building's future occupants, ensuring various groups' needs and wants are addressed. "There'd be a lot more chaos if all those individual groups came to the Project Manager or project office directly," Daniel said. "The customer is such a help."

That direct interface began with planning the facility design that reorganizes medical functional areas to improve patient flow through the building, explained Long Chia, Project Engineer from the ERMC, Health Facilities Planning - Europe.

After air conditioning, probably the most notable



This \$5.4 million, threestory addition to the Wiesbaden Health and **Dental Clinic will** increase patient treatment spaces from 19 to 36 office and examination rooms. The U.S. Army Corps of Engineers is managing three construction phases to expand the clinic for the Europe Regional Medical Command. Phase one began in July 2002.



Troupis Avraam (left) hands sheets of fiberglass insulation to Hawdi Bas atop the Wiesbaden Health and Dental Clinic expansion. The addition and alteration project consolidates medical and dental activities within a single building and alleviates space shortages.

amenity will be an elevator in the common atrium connecting the new structure with the existing building. The elevator will make the entire clinic accessible for handicapped visitors and patients, bringing the facility in line with Americans with Disabilities Act's 1990 requirements. The project also corrects life safety problems from various shortcomings of the 1930s-era building.

"The existing clinic was already programmed for the addition and alteration because it was undersized and does not meet life safety and ADA requirements," Chia said. "But with the increased patient population the project scope was increased."

USAREUR's OMA supplemental re-stationing funds will repair life safety deficiencies and upgrade the existing utility systems of the dental clinic, but the biggest benefit to the project will be the consolidation of medical and dental activities within a single building, Chia said.

Several medical functions now separated from the main clinic facility, such as optometry and physical therapy, will be able to move into the building. Space shortages will be alleviated in waiting, exam, laboratory, X-ray, acute care, patient administration, records, and staff support sections of the existing clinic, Chia said.

Completion of the first addition is anticipated in the August 2003 time frame, Flock said, after which portions of the clinic operation will move into the new building. Patient Administration will move in to a newly constructed pavilion and the Dental Clinic will relocate to temporary structures near the airfield in the project's second phase costing an additional \$400,000. Alteration of the existing building is expected to be completed by September 2004.

The third phase entails moving the dental clinic back into the renovated building and re-configuring the basement of the new building for its permanent occupants. The health clinic occupies the new building as well as half of the renovated building with the dental clinic taking up residence in the remaining half.

Daniel said, "It's kind of a juggling act ... to



accommodate everybody and still keep the clinic operational without having to move too many of the services."

She said the phasing is the most unique aspect of the project. "There are going to be some modifications done to the new building that are just temporary for the phasing, and keeping it open for handicapped access," she said.